

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for non-prisoners to file a civil complaint. NEATLY print in ink (or type) your answers.]

Joshua D Scully

[You are the **PLAINTIFF**, print your full name on this line.]

v.
Franciscan Health
Cobbs, Noelle B, MD

[The **DEFENDANT** is who you are suing. Put ONE name on this line. List ALL defendants below, including this one.]

Case Number

3:18CV 71

[For a new case in this court, leave blank.

The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

CIVIL COMPLAINT

#	Defendant's Name and Job Title	Address
1	[Put the defendant named in the caption in this box.] Franciscan Health Cobbs, Noelle B, MD	301 W Homer St. Michigan City, IN, 46360
2	[Put the names of any other defendants in these boxes.]	
3		

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and address of each defendant in a separate box as shown here.]

1. How many defendants are you suing? 2
2. What is your address? 812 Emily St., Michigan City, In, 46360

3. What is your telephone number: (219) 281-3476

4. Have you ever sued anyone for these exact same claims?

☒ No.

☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

ROBERT N. TRGOVICH, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF INDIANA

JAN 30 2018

- FILED -

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how these events happened.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

DO NOT: Include the names of minors, social security numbers, or dates of birth.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [The first paragraph has been numbered for you.]

1. On 1-16-2018 Noelle B. Cobbs, admitted me into St. Francis Hospital after me willingly walking in the hospital. When I was first asked the cause of my visit I said and replied by mentioning my inability to sleep and that I needed sleep analysis results to better my sleeping patterns. I also mentioned that I needed sleeping meds to assist me with sleep. The medication that Noelle ~~admitted~~ and Lambert Lori, chose to give me caused me to go into slight cardiac arrest. I immediately ran out my e-room and alerted nurses but no one cared or assisted to my reaction of the meds so I went outside to get fresh air several times. The last time I attempted to go outside was when I got a threat of security. I told them I had to disregard security due

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

Claims and Facts (continued)

to my health condition at the time they concluded by sending officers to my house breaking in without any shown court order and took me to options mental institute, unvoluntarily. Riding with shackles to Indianapolis caused so much more pain, suffering, emotional distress, breach of privacy and confidentiality.

PRIOR LAWSUITS – Have you ever sued anyone for this exact same event?

☒ No.

☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

RELIEF – If you win this case, what do you want the court to order the defendant to do?

Pay an amount of 4.5 million dollars to the plaintiff Joshua D Scully and never perform these neg on any future patient that is admitted at St. Francis Laporte County hospital.

FILING FEE – Are you paying the filing fee?

☐ Yes, I am paying the \$400.00 filing fee. I understand that I am responsible to notify the defendant about this case as required by Federal Rule of Civil Procedure 4. [If you want the clerk to sign and seal a summons, you need to prepare the summons and submit it to the clerk.]

☒ No, I am filing a Motion to Proceed In Forma Pauperis and asking the court to notify the defendant about this case.

[Initial Each Statement]

JS I will keep a copy of this complaint for my records.

JS I will promptly notify the court of any change of address.

JS I declare under penalty of perjury that the statements in this complaint are true.

Joshua D Scully
Signature

1-30-18
Date